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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

6

|                        |                                  |
|------------------------|----------------------------------|
| Application Number     | 10/789,319                       |
| Filing Date            | 02/27/2004                       |
| First Named Inventor   | Frank Y.                         |
| Art Unit               | 1712                             |
| Examiner Name          | Marc S. Zimmer                   |
| Attorney Docket Number | P121/MII-93-68-01 (45223-P004US) |

| ENCLOSURES (Check all that apply)  |   |   |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br>Supplemental<br><input type="checkbox"/> Certified Copy of Priority<br>Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify<br>below):<br>Return postcard |
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Winstead Sechrest & Minick P.C.   |          |        |
| Signature    |  |          |        |
| Printed name | Kelly K. Kordzik  |          |        |
| Date         | 03/06/2006  | Reg. No. | 36,571 |

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| Signature             |  | Date | 03/06/2006 |
| Typed or printed name | Toni Stanley  |      |            |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application: Frank Y. et al.  
 Serial No.: 10/789,319  
 Filed: February 27, 2004  
 Confirmation No.: 9202  
 Art Unit: 1712  
 Examiner: Marc S. Zimmer  
 Title: COMPOSITION FOR AN ETCHING MASK COMPRISING A SILICON-CONTAINING MATERIAL

**AMENDMENT UNDER 37 C.F.R. § 1.116**

Mail Stop AF  
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Dear Sir:

In response to the Office Action ("Office Action") having a mailing date of December 6, 2005, with a three-month shortened statutory period for response set to expire on March 6, 2005, please amend the above-identified Application as follows:

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.

**CERTIFICATION UNDER 37 C.F.R. § 1.8**

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 Signature

*Toni Stanley*

Toni Stanley  
 (Printed name of person certifying)